



Department of Insurance

VSP

Applicant Must Personally Complete and Sign This Application

(Please Print or Type)

Request for Viatical Settlement Provider License

(Application must be completed and signed by the proprietor, a partner or an officer of the firm.)

Part 1—Corporation, Partnership, Association, Etc.

Name _____ Suite or Box No. _____

Address _____ City _____ State _____

Zip _____ Phone _____ EIN _____

Business E-Mail _____ Business Website Address _____

Part 2—Type of License Requested

_____ Viatical Agent (\$75 per registered agent)

_____ Viatical Broker (\$150 per registered broker)

Part 3—Structure of Company

A. Type of organization. (Corporation, Partnership, LLC, etc.) _____

B. Date of incorporation. _____

C. Where is firm registered? _____

D. Does the firm hold a current viatical settlement provider license? (yes or no)

Part 4—Background

Please read the following very carefully and answer every question.

1. Has the business entity or any owner, partner, officer or director ever been convicted of, or is the business entity or any owner, partner, officer or director currently charged with committing a crime, whether or not adjudication was withheld? Yes No

If you answer Yes, you must attach to this application:

- (a) a written statement explaining the circumstances of each incident,
- (b) a certified copy of the charging document, and
- (c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Has the business entity or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes No

(“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.)

If you answer Yes, you must attach to this application:

- (a) a written statement identifying the type of license and explaining the circumstances of each incident,
- (b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- (c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes No
If you answer Yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.
4. Has the business entity or any owner, partner, officer or director ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes No
If you answer yes, identify the jurisdiction(s): _____
5. Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation of funds, misrepresentation or breach of fiduciary duty? Yes No
If you answer Yes, you must attach to this application:
(a) a written statement summarizing the details of each incident,
(b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
(c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.
6. Has the business entity or any owner, partner, officer or director ever had a viatical settlement provider license or any other business relationship terminated for any alleged misconduct? Yes No
If you answer Yes, you must attach to this application:
(a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
(b) copies of all relevant documents.

Part 5—Principal Officers

List the names, business address and social security number for each officer responsible for the conduct of the registered viatical settlement provider agents/brokers.

Name	Address	SSN	Position
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Attach additional sheet using the above format for additional officers if necessary.)

Part 6—Individuals Who Will Transact Viatical Settlements

List the name, residence address (street number, city, state) and social security number for each individual who will transact viatical settlements on behalf of the viatical settlement provider's affairs.

Name	Address	SSN	Agent or Broker <i>(please indicate)</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Attach additional sheet using the above format for additional officers if necessary.)

Part 7—Advertising, Distribution and Marketing

A. Describe the advertising and distribution system to be used by the applicant.

B. Describe marketing techniques to be used by the applicant.

C. Describe the applicant's marketing training program.

Part 8—Owners Background Report

Provide a business character report for each owner, partner, officer, director, trustee, or member of the applicant or any entity that controls the applicant. "Owner" means an individual with a 10% or greater beneficial ownership.

Character reports are available from firms such as Equifax, and Applicant Insight. Regardless of their source, the report must verify employment, education, and military service for the past ten (10) years. Litigation, criminal, UCC, and bankruptcy records must be searched for seven (7) years. At least one business character reference must be obtained for each individual such as an attorney, partner, or other business associate familiar with the business dealings of the individual. Supervisors or co-workers are not acceptable references.

Part 9—Attestation

The applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. I hereby designate the Commissioner, for which this application is made, to be my agent for service of process regarding all insurance matters in Delaware and agree that service upon the Commissioner of Delaware is the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner in Delaware, for which this application is made, to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I authorize the Delaware Insurance Department to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the Delaware Insurance Department and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
5. I acknowledge that I am familiar with the insurance laws and regulations of the State of Delaware to which I am applying for licensure.

Month Day Year

Original Applicant Signature

Full Legal Name (Printed or Typed)

Part 10 Attachments

The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

- Original Letter of Certification from your resident license jurisdiction dated within 90 days of application (*copies of your resident license are not acceptable*).
- Attach list of contract forms for filing.